

## FUNCTIONAL CAPACITY EVALUATIONS PERFORMED BY PHYSICAL THERAPIST ASSISTANTS

The Physical Therapy Board of California (Board) has received numerous inquiries asking if a physical therapist assistant (PTA) may perform a functional capacity evaluation (FCE). The purpose of this letter is to discuss the appropriate involvement of PTA=s in an FCE performed by the physical therapist.

Questions to the board are not always simple and direct. In order to formulate a correct and accurate response, numerous details need to be considered. The request may come to the Board for a simple answer in the mind of the person making the inquiry. Sometimes a simple answer is not the best answer. Simple answers may leave too much room for interpretation. Those looking for a way around statutes and regulations may misuse simple answers to their advantage. They may use them to achieve an end that might be harmful to the consumer or to give the provider an unfair or inappropriate financial advantage.

The first issue is to clarify what constitutes an FCE. Matheson has defined functional capacity evaluation as: A systematic process of measuring and developing an individual=s capacity to dependably sustain performance in response to broadly defined work demands.@

He further states that a functional capacity evaluation denotes a form of work evaluation that consists of a battery of tests which focus on selected work tolerances. Work tolerances are the observed and measured physical capabilities of the evaluatee that affect competence to perform the physical demands of work tasks. Summarily, an evaluation is a systematic approach to monitoring and reporting performance and includes observation, measurement, reasoning, and judgment.

Matheson describes the concept of maximum voluntary effort by the evaluatee. Given the maximum voluntary effort assumption, when the measurement of function is less than a necessary level, the evaluator must be able to determine to what degree this is a function of the biomechanical, cardiovascular, or metabolic limits inherent in the evaluatee and the evaluatee=s own voluntary limits.

There are machines and high tech devices which declare their accuracy in determining functional capacity. Isernhagen states, AOnly the human medical examiner is currently able to look at entire body motions and incorporate safety, kinesiology, metabolic changes, psychomotor and affective behavior, all in one comprehensive evaluation. Therefore, while machines and equipment could be used to test certain portions of strength or endurance, the total functional work activities must be done by skilled professional evaluators.

Both Isernhagen and Matheson recognize the importance of safety to the evaluatee in the FCE. Because the FCE requires that the evaluatee put forth maximum voluntary effort for each defined task, the evaluator must be ready to recognize when the maximum safe function has been achieved. The evaluation of an already-disabled person requires more

than the usual degree of care and professional acumen and the rigorous adherence to procedures that are accepted standards of community practice. Maximum function is determined by observing physical efforts at low levels, medium levels, and high levels of activity. The client who is reaching a maximum does so gradually. It is possible for the evaluator to see initial early signs of fatigue, incoordination, and change in body mechanics. The evaluator is then primed to recognize when maximum safe function has occurred. At a maximum level of functioning, there will be accessory muscle involvement, change in body mechanics to become more efficient, fatigue patterns, and the beginning of dysfunctional movement changes in weight bearing and balance. Maximum function is defined as the greatest safe ability of a client, either in repetitions or weight capacities.

Review of the statutes and regulations bears out that the licensed physical therapist evaluates the patient and then may assign elements of the treatment plan to the physical therapist assistant commensurate with their qualifications, including experience, education and training. The functional capacity evaluation by its very nature and definition is an evaluation process requiring clinical skills of observation and judgment beyond that of the PTA and is not a form of treatment. Therefore, components of the FCE can only be performed by the appropriately licensed physical therapist when being performed in the clinical setting of physical therapy, and are not subject to delegation to the physical therapist assistant.

### **Bibliography**

Isernhagen, S., Isernhagen Work Systems, Functional Capacities Evaluation Manual

Matheson, L., EPIC Lift Capacity Evaluation Handbook